

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		2				
5	1					
6	1					
7		2				
8		2				
9	1					
10		1				
11		1				
12	1					
13	1					
14		1				
15		3				
16		3				
17		6				
18		6				
19		4				
20		6				
21		6				
22		6				
23		6				
24		6				
25		6				
26		6				
27		6				
28		6				
29		6				
30		3				
31		6				
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47						
48						
49						
50						
TOTAL IND.	6					
TOTAL DEP.	120					
TOTAL CLAIMS	126					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						